

**APPLICATION FOR REGISTRATION IN LIEU OF PLAN SUBMITTAL**

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

**BUILDING, HVAC, FIRE  
SUPPRESSION & ALARM**

This form may be utilized to register a proposed building project in lieu of plan submittal to the Department, when required. Registration is permitted for certain occupancies and building sizes per Tables Comm 61.30-1 and 61.30-2. See Box 1. of this form for details.

Transaction Number

|  |   |   |
|--|---|---|
| <b>1. Building Elements Registered</b><br><br><b>Type: Fee</b><br><input type="checkbox"/> Building \$20.00<br><input type="checkbox"/> HVAC/Smoke Control \$20.00<br><input type="checkbox"/> Fire Suppression \$20.00<br><input type="checkbox"/> Fire Alarm \$20.00<br><br>Occupancy Type:<br><br>Group 1: (Table 61.30-1) <b>&lt;50,000 cu ft total volume</b><br><input type="checkbox"/> <b>Assembly</b><br>A-2 A-3 (Circle One)<br><input type="checkbox"/> <b>B Business</b><br><input type="checkbox"/> <b>F Factory</b><br><input type="checkbox"/> <b>M Mercantile</b><br><input type="checkbox"/> <b>S Storage</b><br><input type="checkbox"/> <b>U Utility/Misc</b><br><input type="checkbox"/> <b>Canopy 31.05.1</b><br><br>Group 2: (Table 61.30-2) <b>&lt;25,000 cu ft total volume</b><br><input type="checkbox"/> <b>Assembly</b><br>A1 A3 A4 A5 (Circle one)<br><input type="checkbox"/> <b>Educational E</b> (<25,000 cu ft)<br><input type="checkbox"/> <b>High Hazard H</b> (<25,000 cu ft)<br><input type="checkbox"/> <b>Residential R</b> (<25,000 cu ft)<br><br>Area, all levels: _____ sq. ft.<br><br>Construction Class (Circle):<br><br>IA 1B IIA IIB IIIA<br><br>IIIB IV VA VB | <b>2. Type of Project:</b><br><br><input type="checkbox"/> New<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Alteration, If tenant alteration indicate previous tenant. CAUTION: Entire bldg, not just altered space, must meet volume limits.<br><br>Building is (check one):<br><input type="checkbox"/> Heated <input type="checkbox"/> Unheated<br><br><b>Multiple Buildings:</b> Submit a separate form for each building<br><br><b>3. Fire Protection</b><br>Sprinkler Protection: <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> Alternate Suppression <input type="checkbox"/> None<br><br>Sprinkler Type: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> Other<br><br>Check the following if included in the bldg: <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Dept Standpipe <input type="checkbox"/> Smoke Control<br><br><b>4. Project Information - Fill in all known information.</b><br><br>If a component for this project was previously registered, provide a previous Transaction # _____<br>Project/Site Name _____<br><br>Number & Street / Legal Description: _____<br><br>County _____ ( ) City ( ) Village ( ) Town of _____ | <b>ADDITIONAL REQUIREMENTS</b><br><br>1. Building must be designed by WI registered Architect or Engineer; HVAC & Fire Protection Systems may be designed by a Wisconsin registered designer.<br>2. A Supervising Professional must be retained, and identified as a customer on this form. [Comm 61.40]<br>3. Upon completion of the work, a compliance statement must be filed with the Department. [COMM 61.40]<br>4. Send form & Fee to: <b>Safety &amp; Buildings Division</b><br>3824 Creekside La<br>Holmen WI 54636 |
| <b>5. Complete the following designer/owner/requesting information. Check when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.</b>  |   |   |
| <b>Designer Information (Customer 1) CHECK ALL THAT APPLY</b>  |   | <b>Requesting Party if different than designer (Customer 3)</b>   |
| First Name _____ Last Name _____ Customer Number _____   | First Name _____ Last Name _____ Customer Number _____  |   |
| Company Name _____   | Company Name _____  |   |
| Address _____  | Address _____   |   |
| City _____ State _____ Zip+4 (9 digits) _____  | City _____ State _____ Zip+4 (9 digits) _____   |   |
| Phone Number (area code) _____ Fax or Internet _____   | Phone Number (area code) _____ Fax or Internet _____  |   |
| Check others if applicable<br><input type="checkbox"/> Supervising Professional A/E # _____<br><input type="checkbox"/> Designer, Bldg, Hvac, Fire Alarm Fire Suppression  | Check others if applicable<br><input type="checkbox"/> Supervising Professional A/E # _____<br><input type="checkbox"/> Designer, Bldg, Hvac, Fire Alarm Fire Suppression   |   |
| <b>Owner Information (Customer 2)</b>  |   | <b>REQUIRED SIGNATURES (SIGNATURES MUST BE ORIGINAL- IF APPLICABLE, BOTH BUILDING DESIGNER &amp; SUPERVISING PROFESSIONAL MUST SIGN)</b>  |
| First Name _____ Last Name _____ Customer Number _____   | Building Designer _____   | Supervising Professional _____  |
| Company Name _____   | HVAC Designer _____   | Supervising Professional _____  |
| Address _____  | Fire Suppression Designer _____   | Supervising Professional _____  |
| City _____ State _____ Zip+4 (9 digits) _____  | Fire Alarm Designer _____   | Supervising Professional _____  |
| Phone Number (area code) _____ Fax or Internet _____   | Owner _____   |   |
| Check others if applicable<br><input type="checkbox"/> Supervising Professional A/E # _____<br><input type="checkbox"/> Designer, Bldg, Hvac, Fire Alarm Fire Suppression  | See page 2/back of form for owner and supervising professional responsibilities.  |   |
| <b>MAKE CHECKS PAYABLE TO DEPT. OF COMMERCE. Attach check here.</b>  |   | <b>TOTAL AMOUNT DUE (See Box 1)</b> \$ _____<br><b>(\$20.00 for each Building Element Type checked in Box 1)</b> Review Code 7648   |

## UNDERSTANDINGS OF THE OWNER

As owner of this building, and by virtue of my signature on the front of this form, I understand:

1. That here will be no routine review of the construction plans conducted by the Department of Commerce for this project.
2. That there will be no routine inspections conducted by the Department of Commerce during the construction of this project.
3. That plan review and/or inspections by the local municipality may be required by local permitting ordinances.
4. That the Building if the building is registered then any HVAC submittal (if the building is heated) or Fire Suppression or Fire Alarm systems (if otherwise required to be submitted per Comm T. 61.30-3) for this project must all be registered with the Department of Commerce. **Structural components (i.e. trusses) do not have to be registered separately)**
5. That this registration does not affect the requirements to submit plans for plumbing systems, private sewage systems, swimming pools, elevators or other plans if applicable.
6. That upon completion of construction, this building will be in compliance with all applicable Wisconsin codes and standards.
7. That I am responsible for retaining a Wisconsin registered architect or professional engineer, or, in the case of HVAC and Fire Suppression, a registered designer, as supervising professional throughout the construction phase of this project, to perform periodic onsite observations and to file a compliance statement prior to occupancy.
8. That this project may be audited via plan review and/or inspection.

To qualify to be Registered in Lieu of Plan Review the volume of the entire building must be less than the volume indicated in Box 1.

Volume is defined as:

the actual cubic space enclosed within the outer surfaces of the outside or enclosing walls and contained between the outer surfaces of the roof and the underside of the lowest floor. The volume of structures without enclosing walls (canopies, roofed shelters and similar structures) will be computed by projecting imaginary vertical planes as the enclosing walls at the outer surface of the exterior supports or columns. For cantilevered structures with interior supports, the imaginary vertical planes will be projected at the farthest roof projection or overhang